

## Michigan Medicaid Long Term Care Task Force

[www.ihcs.msu.edu/LTC](http://www.ihcs.msu.edu/LTC)

**\*\*DRAFT MINUTES\*\***

**Monday, March 14, 2005**

**Senate Hearing Room, Boji Tower  
Lansing, Michigan**

Members Present: D. Hoyle, M. Moers, M. Hardy, T. Wong, Representative Shaffer, S. Steinke, R. Chaney, Senator Cherry, Y. McKinney, J. Mendez, J. Sutton, R. Carter, G. Betters, T. Czerwinski, R. Alcodray-Khalifa, M. Cody, J. Olszewski, Representative Gillard

Members Absent: Senator Hammerstrom

Other: Kirsten Fisk for Representative Gillard, Denise Flannery for Senator Cherry, Patrice Eller for M. Udow, and Amy Slonim, Michigan Public Health Institute, facilitator.

**Call to Order:** The eleventh meeting of the Medicaid Long Term Care Task Force was called to order at approximately 10:02 a.m. by chairperson R. Chaney.

**Review and Approval of Agenda:** A motion to approve the agenda as presented was made by J. Mendez, seconded by G. Betters. S. Steinke suggested changing the agenda to have enough time for reports. The agenda will read that the SPE discussion be moved to the last agenda item, which will move the LTC Commission (Workgroup G report, Workgroup E “Principle #12” Report) to 10:15 a.m., LTC Authority at 10:45a.m., Workgroup G Report Discussion at 11:30 a.m., Workgroup E Discussion at 11:45 a.m., Workgroup B at 1:30 p.m., and SPE Discussion at 2:30 p.m. The amended agenda was approved by voice vote.

**Review and Approval of February 14 Minutes:** A motion to approve the February 14 minutes was made by R. Carter and seconded by Representative Shaffer. R. Carter questioned the statement in the minutes about the Jules Olson testimony. The testimony began with “Jules came to the meeting to respond to R. Carter’s comment.” Chairperson Chaney suggested striking that sentence from the February 14 minutes. Voice vote approved the amended minutes. S. Steinke suggested a retroactive change to the September minutes due to misrepresented statement by a consumer. The sentence should read “his parents took time to help him get rehabilitated and gave him a place to stay until he found his own place” and strike the sentence after however. M. Moers moved to support the change in the September minutes, R. Alcodray-Khalifa seconded. A voice vote approved the change to the September minutes. T. Wong indicated that on the February 14 minutes there was a misspelling of Hollis Turnham.

**Discussion: Long Term Care Commission (Workgroup G report, Workgroup E**

**“Principle # 12” report:** M. Cody and D. Hoyle presented information on this recommendation that is captured under tab 5 of the Workgroup G report. The LTC Commission would be an oversight body required under state law. It would be charged with the responsibility of getting public input and looking at the state plan and budget that the LTC authority would put together. D. Hoyle indicated that they changed principle 12. The new principle 12 is included and it talks about all stakeholders having meaningful roles in the planning, design, implementation, and oversight efforts to achieve the recommendations of the task force, however it also does say that consumer, families, and their representatives will be the principle participants.

J. Mendez questioned #2 under LTC Commission asked if it could be jived with the membership that they have under principle 12 that is in Workgroup E. M. Cody indicated that he could look at it and see if they could be consolidated. Also, she asked that there be discussion on compensation because in principle 12 it is a generic statement about the budget, whereas, under #5 there are specifics on the compensation and reimbursement. D. Hoyle indicated that the two groups should come together to resolve the two issues.

R. Chaney indicated that a small group should come together as D. Hoyle and J. Mendez recommended to resolve financial issues between Workgroup E and Workgroup G.

Representative Shaffer had a concern about legislation. He indicated that sensitive about other aspects that may need to be rolled into this commission so that the Task Force is not building government during tough budgetary times.

R. Carter asked if there were consideration of the distribution of members. As he looked at the report, the commission was primarily composed of consumers. He asked if there were any discussion about calling it a Consumer Commission. D. Hoyle responded by saying that rather excluding providers they wanted to make sure that they were at the table. The groups believe that the commission should be consumer-dominated. The role of consumers should primary. R. Chaney indicated that if you called it a consumer commission that it would lessen its power. D. Hoyle indicated that they were trying to reflect that “the principle nothing about me without me”. A majority of those present ought to be people that this will impact their lives, however for people for whom it’s a lively hood should be represented. M. Cody indicated that calling it a consumer commission would be misleading because clearly the groups intention was to have providers at the table who say they are not seeing enough from the state budget to support the level of services, people are asking us to provide, not getting clear direction from the state, and would bring a lot of good discussion to the table. To say that it is a consumer commission would ignore what the group would think would be very valuable input.

**Action:** A motion to adopt the general concepts of principle 12, the appointment, membership, authority, rationale, and benchmarks (as identified as the bold headings in the document handed out to the Task Force) was made by J. Mendez, seconded by S.

Steinke. The motion was approved on a voice vote with R. Carter opposing and G. Betters abstaining.

**Discussion: Long Term Care Authority** M. Cody discussed the Long Term Care Authority. D. Hoyle indicated that instead of calling it an “authority” it should be the “administration.” Senator Cherry asked about the designation of SPE. If the commission is designating the SPE then the membership of the commission is not the right membership for doing so. M. Cody indicated that the intent of the administration would be the one to make the recommendation to the Director of the department about which entities would be the SPE. Senator Cherry asked that if there were appeals on the decision that it would follow the State Administrator Act. D. Hoyle indicated that Workgroup E recommended that the criteria for the SPE would be established by the commission, and the final decision would go to the commission for approval. Senator Cherry indicated that if that is the decision that the Task Force goes with that she would have a problem with the membership of the commission.

R. Chaney asked if the Task Force could vote on this. D. Hoyle moved that the group recommend an administration on long-term care to the Department of Community Health to coordinate long-term care. S. Steinke seconded the motion. M. Cody amended the motion by saying that the Governor could accomplish a great deal of the creation of this administration by Executive Order and the Task Force could recommend in the report that she does so. Workgroup G didn’t look at if it was an administration, how do they preserve that in statute to make sure that it can’t be undone in future administration. He would like to explore that at some length and report back to the Task Force in April. D. Hoyle indicated that they could include that they would like to see this happen as soon as possible and that the Task Force would like to see recognition of coordination long-term care be preserved in whatever fashion. A subsequent motion could be that they ask for implementation as soon as possible and memorializing however the Task Force can do that. R. Carter indicated that this is not a single department issue and needs authority across departments to accomplish what the Task Force is trying to do. M. Cody indicated that pulling everything into this administration so that it is dealt with in an intelligent fashion was the intent.

R. Chaney wanted to clarify that it is to coordinate the fragmentation not to make it all one.

D. Hoyle indicated that recommendations 1 through 3, don’t know if any of the political realities will allow them to do those without bureaucracy.

**Action:** The vote was called to approve the motion made by D. Hoyle and seconded by Susan Steinke regarding the recommendation to establish an administration on long-term care to the Department of Community Health to coordinate long-term care. The motion was approved unanimously on a voice vote.

M. Cody's motion regarding the statute was withdrawn. The Task Force will look at that in April.

**Discussion: Workgroup G Report: Assisted Living:** M. Cody discussed the Workgroup G Assisted Living recommendations from tab number 10 of the workgroup report. Workgroup C had recommended that there be a definition of "assisted living" and that the MIChoice Waiver would be amended to include licensed adult foster care homes and homes for the aged as part of the eligible setting where residents could receive MIChoice Waiver benefits. Currently, residents in such licensed settings cannot receive MIChoice Waiver services. The workgroup appointed a small subcommittee that came up with a recommendation the long-term care task force report define the term "assisted living" as "a marketing term often used in support of living arrangements such as state licensed AFC homes, state licensed home for the aged, and unlicensed home such as housing with services contract establishments and other supported independent living arrangements." The term is not clearly understood perhaps by some policy makers or by the public at large. Recommendation #2 upon the completion of the Task Force Report workgroup G recommends there be an appointed an assisted living regulatory and education committee to be composed of public and private stakeholders to examine and update existing AFC and home for the aged statutes and rules to make sure that they are consistent with Task Force principles. Also to look at the unlicensed assisted living arrangements to make sure that existing statues are appropriately enforced.

J. Mendez asked who would the new assisted living, regulatory, and education committee be reported to and how would it be designated. M. Cody responded by saying that it was intended that because it crossed department lines that the Governor would appoint the committee. S. Steinke asked if the Governor should do it or should the DCH and DHS directors to appoint back to the Governor

**Action:** A motion that the committee be formed by the Director's of the Department Community Health and the Department of Human Services (FIA). S. Gire seconded the motion. With the change S. Gire moved, M. Hardy seconded. The motion was approved unanimously approved on a voice vote.

**Discussion: Workgroup G Report Medicaid Eligibility** M. Cody presented recommendations in tab #11 for Medicaid Eligibility. There are seven recommendations.

**Recommendation 1:** To promote short-term nursing home residents to use patient pay amounts to maintain homes in the community.

**Action:** A motion to adopt recommendation 1 under Workgroup G's report was made by D. Hoyle, seconded by T. Czerwinski. J. Olzewski and J. Mendez indicated that they would not vote on this motion until they know more about its budgetary implications. R. Chaney indicated that they would table this issue for the next meeting. S. Steinke moved to table to the next time. M. Cody asked J. Olzewski to have her staff to help him implement this issue. R. Carter seconded S. Steinke's motion to table it to the next time.

**Recommendation 2** To create a spend-down for the MIChoice Waiver Program. T. Czerwinski motion to support recommendation 2, seconded by R. Alcodray-Khalifa. M. Cody indicated that he would come back in April with more information regarding what is allowed or not allowed.

**Action:** A voice vote was made to approve recommendation 2. Recommendation 3) D. Hoyle moved to adopt, T. Czerwinski seconded the motion.

### **Recommendation 3**

**Action:** J. Mendez moved to table recommendation 3, R. Carter seconded. D. Hoyle opposed J. Mendez motion. R. Chaney indicated that the Task Force will vote on the motion with the amendment that M. Cody will come back with more specifics to add more information. M. Cody responded by saying that if passed he will report back in April. To clarify the motion the Task Force is accepting recommendation 3, will require prompt processing of Medicaid applications, with the understanding that M. Cody will report back with more information. A voice vote approved recommendation 3. Senator Cherry opposed.

**Recommendation 4** “Reinstate bed holds for residents after hospitalization for therapeutic leave.” Representative Shaffer asked if the policy was working what was the need for the change. M. Cody indicated that he looked at the department and it was a monetary issue.

**Action:** M. Moers to adopt recommendation 4, D. Hoyle seconded. There were four Task Force members who opposed the motion. M. Cody will report back to the Task Force in April with more information.

### **Recommendations 5, 6, 7**

**Action:** D. Hoyle moved to support recommendations 5, 6, and 7, seconded by S. Steinke. A voice vote approved those recommendations. Rep. R. Shaffer abstained.

The meeting recessed at 12:35 p. m. for lunch.

The meeting re-convened at 1:08 p.m.

### **Public Comment:**

Kim Curyto and Suzann Oglonhand, Pine Rest Christian Mental Health Services. They are at the meeting to talk about mental and behavioral health care needs of those in long-term care. Suzann Oglonhand, geropsychologist by training and is the director for the Center of Senior Care at Pine Rest. Developed the Center for Senior Care at Pine Rest. Dr. Kim Curyto, a geropsychologist, is at the center to help with services at this center.

Presented information on how the Task Force might meet the needs of the mental and behavioral health needs. There was continued discussion with Task Force members.

Alison Hirschel, from the Michigan Poverty Law Program. She along M. Cody was the council for the plaintiffs in the “Eager vs Engler” litigation. It was the settlement of that case that lead to the Long-Term Care Task Force. She indicated that she highly appreciated that time and efforts that the Task Force is doing to meet the needs of long-term care. She spoke to the Task Force about the central goal of the Eager litigation and that was the restoration and significant expansion of the MI Choice home and community-based waiver program. She indicated that she has heard no recommendations from the workgroups or a time-table for this demand. She wants to make sure that the legacy of change and choice continues in the future.

Dr. Harold Freedman, Livonia, Michigan. Partner in a medical practice of Livonia Family Physicians, PC with primary care offices in Wayne County. He provided handouts to the Task Force members regarding Malpractice Facts of Livonia Family Practice, PC.

**Workgroup B (Finance) Report Introduction:** J. Olszewski introduced the workgroup B (finance) report. There were sixty-seven individuals participated in the workgroup. Eleven LTC Task Force members served on the Steering Committee. All members served on one of four subgroups. The workgroup met every 2 to 3 weeks. The subgroups met 1 to 2 times per week. The finance workgroup provided to the Task Force 24 recommendations, which will be voted on in April. There were several issues that needed further study. S. Steinke questioned recommendation 4 because she understood that the goal of the recommendation was to put people who are not eligible for Medicaid first on the list for those services, which were not Medicaid funded. The way that it is read it prohibits and it seems blanket and limited to the flexibility that will be needed at SPE systems and nursing homes. S. Steinke suggested that the workgroup add the ramping up our more aggressive Medicare Recovery to the list of things to look at. J. Olszewski indicated that the workgroup had discussed it and it may have been combined with something else. This was discussed at the last workgroup meeting and the issue was that the department recently signed a new contract for these services. Part of the contract does ramp up the Medicare Recovery. It has already been scored into the 2005-06 budget for budget savings. The recommendation from the subgroup included savings that could be redirected into services. The department needed to make sure that they weren’t double counting things. T. Wong asked that recommendation 5 be changed from should make to should demonstrate. M. Cody asked for clarification on the advocate issue.

**Discussion: Workgroup E Public Awareness and Education Campaign Report (“Principle 13”):** D. Hoyle presented the principle to the Task Force. He reminded the Task Force that the workgroup did expect the commission to be in charge of the Public Awareness Campaign. The campaign was designed to educate consumers so that they can make inform choices as well as all of the other people involved in long-term care using the prevision of services or the professional capacity. This campaign is basically

for the people to know what is available. D. Hoyle moves the adoption of principle #13 and the Public Awareness and Education Campaign. M. Cody seconded. A voice vote approved the principle 13 and Public Awareness and Education Campaign.

**Discussion: Single Point of Entry Handout includes recommendations of workgroups A, G, B and other contributions:** R. Chaney indicated that discussion will be of the recommendations of Workgroup A and Workgroup G. Also to clarification will be made on what the Task Force needs to resolve on the remaining of SPE and implementation. M. Cody indicated that Workgroup G came up with a proposal for the statutory implementation of SPE based on a very strong recommendation from workgroup A for the creation of SPE. This is a concept where the director of the department will designate and maintain locally and regionally based SPE for long-term care. Paragraph 3 of the report there are four purposes and assurances that will underscore the SPEs, call for the establishment in publication of a toll free telephone number in the areas of the state where the SPE operational, the department will promulgate rules. Paragraph 6 are a variety of tasks and duties assigned to the SPE primarily it is important to understand a couple of things. The SPE would authorize long-term care services, they would not be a provider except for case management. They would re-evaluate consumers need and eligibility for long-term care service on going basis. They would use a comprehensive care tool to evaluate consumers for their eligibility for a variety of services that would be at their disposal. In paragraph 9 the workgroup asks for the department to promulgate rules, establishing time lines for the initial evaluations, and a time line for the final evaluation and assessment. Paragraph 10 discusses the designation of at least 3 SPE of by no later then October 1, 2005. What the group is calling for is 3 different SPE agencies around the state. No more than one SPE in each designated region. They would operate as SPE for initial period of 3 years subject to D-designation. The department is called upon to evaluate their performance and progress and report back to the legislature no later than October 1, 2008. There would be a SPE in each region of the state.

S. Steinke that in tab12, section 6, between E and F to make sure that it is clear on placement. One says assist consumers to develop the long-term care supports plan, which is one process. She suggests a new F, changing all the other letters, would say coordinate supports on behalf of the consumer if the consumer so desires. D. Hoyle would like monitoring to be put in as a separate letter in the report. To clarify the change after E in section 6 a new letter be established to read coordinate supports on behalf of the consumer if the consumer so desires. After “perform the authorization of Medicaid services identifying the consumer supports plan”, the next letter would read “monitor the provision of those services”. After discussion of the change, after G the report would read determine that the supports have been delivered in accordance with the person-centered plan.

S. Steinke will bring the update of the revised #3 on page 1 to the April meeting.

There are a number of issues that need to be resolved. The discussion will continue at the April meeting.

**Next meeting date and agenda topics:**

The deadline was set for Friday, March 18, 2005 to email J. Hazewinkel with available dates to meet after April 11, 2005.

Before the April 11, 2005 meeting, a small group needs to be meet to resolve issues between Workgroup E and G.

The Task Force agreed that an additional meeting in April, will be needed to put together a final report.

The next meeting of the Long-Term Care Task Force will be held on April 11, 2005.

Executive Committee will conduct a conference call on Tuesday, March 22, 2005 at 9am. A motion to adjourn was made by D. Hoyle, seconded by J. Christensen. The meeting adjourned at 3:25 p.m.